附件1：

**巢湖学院一流课程验收申请公开观摩示范课汇总表**

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| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **学院** | **申请人** | **课程名称** | **示范课时间** | **示范课地点** | **授课班级** |
| **填写示列** | **文教学院** | **XXX** | **XXX** | **第13周，11月30日，周一下午第5节** | **博学楼112** | **18学前教育** |
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